

10-01-01

PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages <input type="text" value="19"/> ] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets <input type="text" value="1"/> ]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [ Total Pages <input type="text" value="1"/> ]		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of <small>(when there is an assignee)</small> Attorney	
a. <input checked="" type="checkbox"/> Newly executed (original or copy) <small>Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 17 completed)</small>		11. <input type="checkbox"/> English Translation Document (if applicable)	
b. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		13. <input type="checkbox"/> Preliminary Amendment	
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:		14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part(CIP)		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
Prior application information		16. <input type="checkbox"/> Other: _____	
Examiner _____		Group / Art Unit _____	
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px; vertical-align: middle; margin-left: 10px;">           22889  <small>(Insert Customer No. or Attach bar code label here.)</small> </div> or <input type="checkbox"/> Correspondence address below			
Name _____ <small>Address _____</small>			
City _____		State _____	
Country _____		Zip Code _____ Telephone _____	
Name (Print/Type)		Registration No. (Attorney/Agent) <input type="text" value="40,360"/>	
Signature		Date <input type="text" value="7-28-01"/>	

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 728.00)

**Complete if Known**

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Kranendonk
Examiner Name	Unknown
Group Art Unit	Unknown
Attorney Docket No.	25098A

**METHOD OF PAYMENT**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	50-0568
Deposit Account Name	Owens-Corning Fiberglas Technology, Inc.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	710.00
106 320	206 160	Design filing fee	0.00
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	0.00
114 150	214 75	Provisional filing fee	0.00
<b>SUBTOTAL (1)</b>		<b>(\$ 710.00)</b>	

**2. EXTRA CLAIM FEES**

	Extra Claims	Fee from below	Fee Paid
Total Claims	21	-20** = 1 X 18.00	= 18.00
Independent Claims	2	-3** = 0 X 80.00	= 0.00
Multiple Dependent		0	= 0.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 80	202 40	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 80	209 40	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$ 18.00)</b>

\*\*or number previously paid, if greater, For Reissues, see above

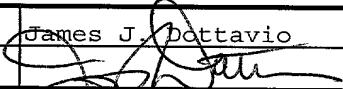
**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for ex parte reexamination	0.00
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 390	216 195	Extension for reply within second month	0.00
117 890	217 445	Extension for reply within third month	0.00
118 1,390	218 695	Extension for reply within fourth month	0.00
128 1,890	228 945	Extension for reply within fifth month	0.00
119 310	219 155	Notice of Appeal	0.00
120 310	220 155	Filing a brief in support of an appeal	0.00
121 270	221 135	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,240	241 620	Petition to revive - unintentional	0.00
142 1,240	242 620	Utility issue fee (or reissue)	0.00
143 440	243 220	Design issue fee	0.00
144 600	244 300	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Petitions related to provisional applications	0.00
126 240	126 240	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179 710	279 355	Request for Continued Examination (RCE)	0.00
169 900	169 900	Request for expedited examination of a design application	0.00
Other fee (specify) _____			

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 0.00)****SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	James J. Dottavio	Registration No. (Attorney/Agent)	40,360	Telephone	740/321-7167
Signature					
	Date 9-29-01				

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